

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$386,912	-5.8%
14. Crop Hail		
15. Other <u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are transferring our Businessowners policies from our independent Premises Commercial Uni-Saver Program to the ISO Businessowners Program. The above percentage change is an estimation.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Addison Insurance Company

Name of Company

Chris Manders, Corporate Underwriting Analyst

Official - Title

**Section 754.Exhibit A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision  
effective 04-01-2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$157,224	+0.4%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$26,929,438	+0.4%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,  
specify: NoBrief description of filing. (If filing follows rates of an advisory Organization,  
specify: Adoption of ISO loss cost changes from ISO designation CF-2009-RLA1.

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

Admiral Indemnity Company

Name of Company

Donald Togneri – SVP - Corp Underwriting  
& Chief Compliance Officer

Official – Title

**Section 754.Exhibit A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision  
effective 04-01-2010 .

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage Private Passenger		
Commercial		
3. Liability Other Than Auto	\$46,697	-4.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$514,746	-4.0%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,  
specify: NoBrief description of filing. (If filing follows rates of an advisory Organization,  
specify: Adoption of ISO General Liability loss cost changes from ISO Revision  
Designation Number GL-2009-BGL1.

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

Admiral Indemnity Company

Name of Company

Donald Togneri – SVP - Corp Underwriting  
& Chief Compliance Officer

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 04/01/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$177,608	+12.1%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: NA

Brief description of filing.

The purpose of this filing is to change the name of this program to the Glatfelter Public Practice Program (GPP). As such, we are filing an updated rating plans to reflect the name change. We are also updating our rates, expanding program eligibility to include general or special purpose municipal entities, and filing rates for the newly eligible classes.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

American Alternative Insurance Corporation  
Name of Company

Stephen J. Corbett - Vice President  
Official - Title

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision  
Effective 12/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	46,131,967	10.1%
14. Crop Hail		
15. Other <span style="border: 1px solid black; padding: 0 20px;"> </span>		

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revisions are being made to our Businessowners Policy (BOP), consisting of a BOP Rules and Rates Manual and a BOP Rental Dwelling Rules and Rates Manual.

\* Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

\*\*Change in Company's premium level which will result from application of new rates.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

Christa Adler

Competitive Pricing Research Analyst

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/10 New Business  
05/01/10 Renewal Business

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	Est. \$15,004,693	+2.99%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt Insurance Services Office filing designations CF-2007-RLC07, CF-2007-RRU07, CF-2008-RTERU, CF-2008-RLA1, CL-2008-RLIQ1, GL-2008-IALL1, GL-2008-ORU08, GL-2009-RELP1, CL-2009-RLIQ1, PR-2007-ORU07, PR-2007-BPSLC, PR-2008-BMPL1, PR-2009-IALL1, and CM-2008-RLA1. Revise page R-6 annual rates for special causes of loss, revise page R-19 – annual base limit rates for senior living. Revise GR-3 adding description for A 1007 (10-09) Limited Flood Coverage Endorsement and add R-6c to clarify application of A 1007. Page R-6d-g replaces R-6c-g.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company  
Name of Company

Barbara H. Meyer  
Senior State Filing Technician  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/10 New Business

05/01/10 Renewal Business

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	Est. \$4,682,555	+1.19%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt Insurance Services Office filing designations CF-2007-RLC07, CF-2007-RRU07, CF-2008-RTERU,

CF-2008-RLA1, CL-2008-RLIQ1, GL-2008-IALL1, GL-2008-ORU08, GL-2009-RELP1, CL-2009-RLIQ1,

and CM-2008-RLA1. Revise page ER-3 annual rates for special causes of loss. Revise EGR-9 adding description for E 137 (10-09) Limited Flood Coverage Endorsement and add ER-8 to clarify application of E 137. Page ER-9-10 replaces ER-8-10.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company  
Name of Company

Barbara H. Meyer  
Senior State Filing Technician  
Official - Title

Form ( RF-3 )  
**ILLINOIS DEPARTMENT OF INSURANCE**  
**SUMMARY SHEET**

Change in company's premium or rate level produced by rate revision effective

4/1/2010

( 1 ) <u>Coverage</u>	( 2 ) Annual Premium <u>Volume ( Illinois )*</u>	( 3 ) Percent <u>Change ( + or - )</u>
1. Automobile Liability Private Passenger Commercial	<hr/>	<hr/>
2. Automobile Physical Damage Private Passenger Commercial	<hr/>	<hr/>
3. Liability Other Than Auto	<hr/>	<hr/>
4. Burglary and Theft	<hr/>	<hr/>
5. Glass	<hr/>	<hr/>
6. Fidelity	<hr/>	<hr/>
7. surety	<hr/>	<hr/>
8. Boiler and Machinery	<hr/>	<hr/>
9. Fire	<hr/>	<hr/>
10. Extended Coverage	<hr/>	<hr/>
11. Inland Marine	<hr/>	<hr/>
12. Homeowners	<hr/>	<hr/>
13. Commercial Multi-Peril	\$2,996	-1.8%
14. Crop Hail	<hr/>	<hr/>
15. Other	<hr/>	<hr/>
<u>Line of Insurance</u>	<hr/>	<hr/>

Does filing only apply to certain territory ( territories ) or certain classes? If so, specify :

No

Brief description of filing . ( If filing follows rates of an advisory organization, specify organization ):

Adoption of ISO Loss Cost, BP-2009-RLC09

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

North American Elite Insurance Company  
Name of company

Alsa Shih - State Filings Assistant  
Official-Title



# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision  
effective: 04/08/2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$1,500,298	0.1
14. Crop Hail		
15. Other:		
_____		
_____		
Line of Insurance		

Does filing only apply to certain territory(ies) or certain classes? No

If so, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): \_\_\_\_\_

Revisions to Policy Writing Minimum Premium, PBP Plus and Supplemental coverages, and Size of  
Premium Discount. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of  
new rates.

State Automobile Mutual Insurance Company  
Name of Company

Kathy Hartwell - Supervisor, State Filings  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective April 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$866,418	-5.8%
14. Crop Hail		
15. Other _____ Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are transferring our Businessowners policies from our independent Premises Commercial Uni-Saver Program to the ISO Businessowners Program. The above percentage change is an estimation.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

United Fire & Casualty Company

Name of Company

Chris Manders, Corporate Underwriting Analyst

Official - Title

**Form ( RF-3 )**  
**ILLINOIS DEPARTMENT OF INSURANCE**  
**SUMMARY SHEET**

Change in company's premium or rate level produced by rate revision effective

4/1/2010

( 1 )	( 2 )	( 3 )
<u>Coverage</u>	<u>Annual Premium Volume ( Illinois )*</u>	<u>Percent Change ( + or - )</u>
1. Automobile Liability Private Passenger Commercial	<hr/>	<hr/>
2. Automobile Physical Damage Private Passenger Commercial	<hr/>	<hr/>
3. Liability Other Than Auto	<hr/>	<hr/>
4. Burglary and Theft	<hr/>	<hr/>
5. Glass	<hr/>	<hr/>
6. Fidelity	<hr/>	<hr/>
7. surety	<hr/>	<hr/>
8. Boiler and Machinery	<hr/>	<hr/>
9. Fire	<hr/>	<hr/>
10. Extended Coverage	<hr/>	<hr/>
11. Inland Marine	<hr/>	<hr/>
12. Homeowners	<hr/>	<hr/>
13. Commercial Multi-Peril -	\$879,570	-1.4%
14. Crop Hail	<hr/>	<hr/>
15. Other	<hr/>	<hr/>
Line of Insurance	<hr/>	<hr/>

Does filing only apply to certain territory ( territories ) or certain classes? If so, specify :

No

Brief description of filing . ( If filing follows rates of an advisory organization, specify organization ):

Adoption of ISO Loss Cost, BP-2009-RLC09

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Westport Insurance Corporation

Name of company

Alsa Shih- State Filings Assistant

Official-Title